

## Strategic Goal 1

*VA will restore the capability of veterans with disabilities by maximizing the ability of these veterans, including special veteran populations, and their dependents and survivors to become, to the degree possible, full and productive members of society through a system of health care, compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependent's and survivor's education. This system of benefits and services is aimed toward the broad outcome of restoring the individual capabilities of our Nation's veterans with disabilities.*

The following table identifies estimates of the total resources devoted to this strategic goal and its associated objectives.

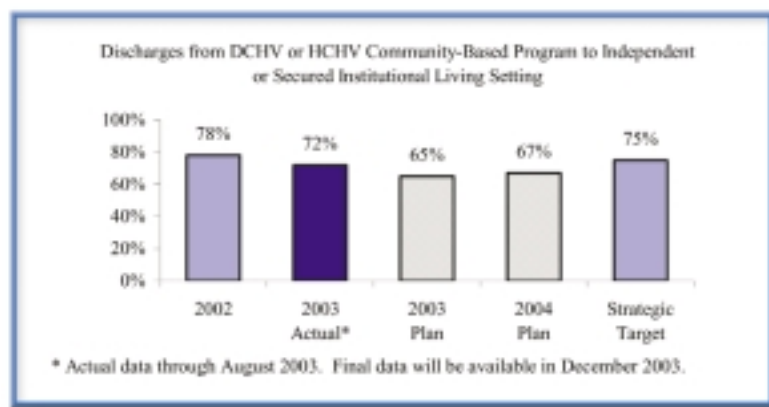
		<b>FY 2003 Obligations (\$ in Millions)</b>	<b>% of Total VA Resources</b>
<b>Strategic Goal 1</b> <b>Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families.</b>		<b>\$41,341</b>	<b>63.5%</b>
<b>Objectives</b>	<b>Performance Measures</b>		
1.1 Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services.	<ul style="list-style-type: none"> <li>• Percent of veterans who were discharged from a DCHV Program, or HCHV Community-based Contract Residential Care Program to an independent or a secured institutional living arrangement.</li> </ul>	\$14,850	22.8%
1.2 Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-connected veterans.	<ul style="list-style-type: none"> <li>• Average days to process C&amp;P rating-related actions.</li> <li>• Average days pending for C&amp;P rating-related actions.</li> <li>• Average number of days to obtain service medical records.</li> <li>• National accuracy rate for core rating work.</li> </ul>	\$25,508	39.1%
1.3 Provide all service-disabled veterans with the opportunity to become employable and obtain and maintain suitable employment, while providing special support to veterans with serious employment handicaps.	<ul style="list-style-type: none"> <li>• Vocational rehabilitation and employment rehabilitation rate.</li> </ul>	\$665	1.0%
1.4 Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.	No Key Measure	\$318	0.8%

## Objective 1.1

*Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provision of specialized health care services.*

### Performance Goal

*Maintain at 65 percent the veterans who were discharged from a Domiciliary Care for Homeless Veterans (DCHV) Program or Health Care for Homeless Veterans (HCHV) Community-based Contract Residential Care Program to an independent or a secured institutional living arrangement.*



The programs outlined above successfully met our goal of placing 65 percent of homeless veterans into independent or secured living arrangements upon discharge by achieving 72 percent. VA is focused on promoting the health, independence, quality of life, and productivity of all special population veterans including homeless veterans. Discharge to non-institutional community living or a secured institutional living arrangement is a positive health outcome.

VA is continuing to support an increase in the number of residential beds in the community, funded under VA's Homeless Providers Grant and Per Diem Program that offers continued supervised housing with support services for homeless veterans in structured, supervised residential programs designed to reduce the

risk of homelessness. VA will provide a continuum of specialized care for homeless veterans that includes: 1) VA outreach and case management services; 2) residential treatment in VA's DCHV; 3) transitional supported housing and supportive service centers provided by faith-based and community-based organizations through VA's Homeless Providers Grant and Per Diem Program; 4) assistance with employment through VA's Compensated Work Therapy (CWT) Program coupled with VA community-based supported housing in CWT/Transitional Residential (CWT/TR) Programs; and 5) assistance with permanent housing through a joint program with the Department of Housing and Urban Development (HUD) in which HUD provides dedicated Section 8 vouchers for homeless veterans and VA provides ongoing case management

services. VA works with a number of government agencies as well as private sector groups to provide services to homeless veterans. Improvements in the overall health of special populations will be affected, in part, by constituencies who influence these programs as well as by other government agencies and private interest groups.

Some of our crosscutting activities include:

- VA's Homeless Providers Grant and Per Diem Program provides grants to community-based organizations, state or local governments, or Native American tribes to assist with the construction or renovation of new transitional beds and other supportive services programs.
- Under VA's Community Homelessness Assessment, Local Education and Networking Groups for Homeless Veterans program, VA medical centers work with representatives from other federal agencies, state and local governments, and community-based service providers to identify the unmet needs of homeless veterans and develop action plans to meet these needs.
- In conjunction with DoD and GSA, VA distributes excess property (e.g., sleeping bags, blankets, and clothing) for homeless veterans through the Compensated Work Therapy Program, which employs formerly

- homeless veterans in various tasks.
- VA and HUD jointly sponsor the HUD-VA Supported Housing (HUD-VASH) Program for homeless veterans in 35 locations across the country. VA clinicians provide ongoing case management for homeless veterans who have received dedicated Section 8 housing vouchers from HUD.
  - VA serves on the Interagency Council on the Homeless, which serves as a forum for the exchange of information to ensure coordina-

- tion of federal efforts to assist the Nation's homeless population. The VA Secretary is a Co-Vice Chair.
- The Department of Labor's Homeless Veterans Reintegration Project's grant recipients coordinate their efforts to assist homeless veterans with employment and vocational training with VA's HCHV and DCHV programs.
  - HCHV and DCHV staffs coordinate outreach and benefits certification at three sites to increase the number of eligible homeless veterans

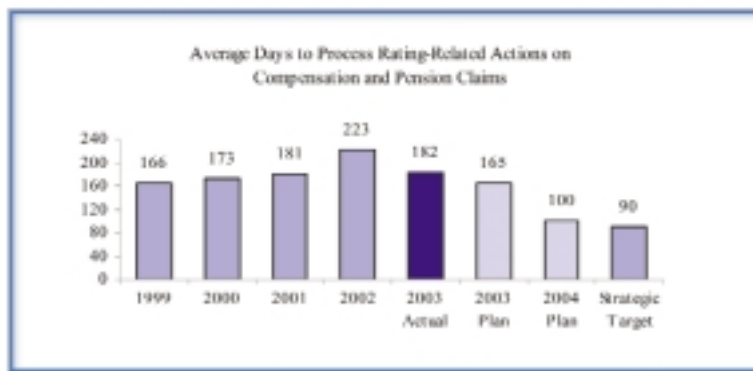
- who receive Supplemental Security Income or Social Security Disability Income benefits and to otherwise assist in their rehabilitation.
- VA collaborates with U.S. Vets, Inc. and the Corporation for National Service to expand AmeriCorps member services to homeless veterans.

## Objective 1.2

*Provide timely and accurate decisions on disability compensation claims to improve the economic status and quality of life of service-connected veterans.*

## Performance Goal

*Complete rating-related actions on compensation and pension (C&P) claims in an average of 165 days.*



regional offices as well as the Pension Maintenance Centers, and redesigned the work flow to reflect the steps in the claims process, allowing increased efficiencies and reduced cycle times. As we continue to analyze and make improvements in our processing cycles and work to further reduce our pending inventory, the length of time required to process claims will continue to decline. We anticipate the 2004 goal will be met.

Although VA made positive improvement in the average days to process a rating claim compared to 2002 performance, reducing the cumulative average by 41 days, we did not meet the Secretary's priority of 165 days, achieving an average of 182 days in 2003. However, the average process-

ing time for veterans who received a decision during the last 3 months of the fiscal year was below our monthly 2003 plan. We continued to prioritize the oldest claims in our inventory as well as claims from our older veteran population. VBA restructured the Veterans Service Centers at all

Our partnership with the Department of Defense (DoD) and our liaison work with the Center for Unit Records Research will be major factors in decreasing the average number of days to process a disability compensation claim. VBA and VHA are developing a joint examination protocol with DoD for servicemem-

bers leaving active military service. There are currently 30 DoD sites using the "One Exam" protocol, which meets DoD's discharge requirements as well as VA's compensation requirements. We are currently working with the DiLorenzo TRICARE Health Clinic at the Pentagon to develop a separation examination protocol that would be universally accepted by all service departments.

Access to DoD databases providing information on servicemembers such as combat history, service dates, reserve status/drill dates, dependency information, and history of expo-

sure to radiation and other toxins will assist in achieving our goals.

We will continue the use of technological enhancements to applications such as RBA2000 (Rating Board Automation 2000), CAPRI (Compensation and Pension Record Interchange), and MAP-D (Modern Award Processing – Development). This will speed the processing of claims and assist in ensuring quality improvements.

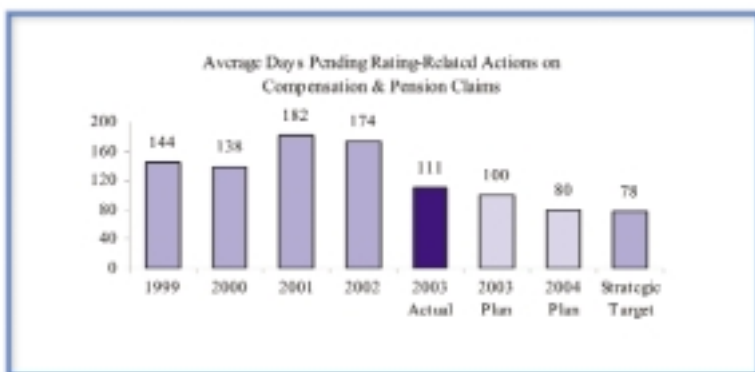
As a part of the Casualty Assistance program, all in-service death claims are now processed in our Philadelphia Regional Office. In July

2003, a Web-based application was installed to automate and expedite the return of service medical records for servicemembers recalled to active or reserve duty.

In 2004, as we progress in our budget account restructuring efforts and align with our revised strategic plan, we will begin reporting this data for each program – Compensation and Pension – separately as key performance measures. We will continue to follow this joint measure as a supporting measure.

## Performance Goal

*Decrease to 100 the average days pending for Compensation and Pension rating-related actions.*



Although we did not meet our goal of 100 days for pending C&P rating-related actions, we have demonstrated significant improvement in this category. Many of the factors influencing our performance of 111 days

in 2003, and which will enable us to continue to improve, are discussed in the previous narrative.

In addition to prior steps discussed, we believe our Training

### Responsibility Involvement

Preparation program will assist in meeting this goal for 2004. This program for veteran service officers provides training and certification of skills in the proper procedures of developing a claim. The mastery of these skills will enable faster processing.

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## Performance Goal

*Reduce the average number of days to obtain service medical records.*

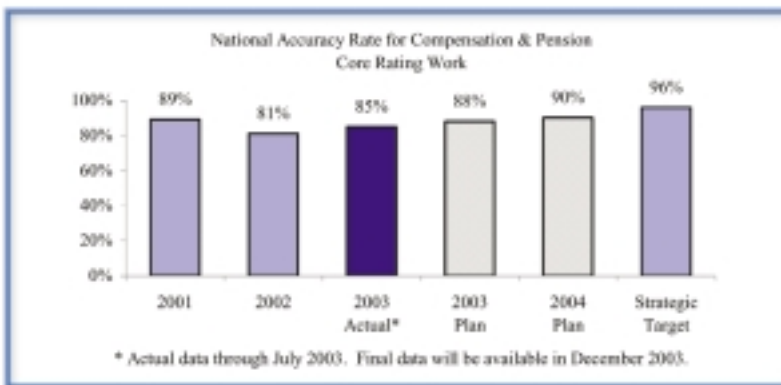
This new measure is still under development. An extensive review was conducted in 2003 concerning the processing of service medical record requests. One finding from

the study was that the current automated request system, the Personnel Interface Exchange System, does not capture the data needed to accurately track and

record this measure. Consequently, the measure is "to be determined" while alternative solutions are explored. In the future, this will not be reported as a key measure.

## Performance Goal

*Increase to 88 percent the national accuracy rate for Compensation and Pension core rating work.*



The accuracy rate continued to improve achieving 85 percent as of July 2003, within 3 percentage points of our plan. Final data will be available in December 2003. With increased sample reviews and ongoing training, we anticipate future accuracy goals will be met.

In order to ensure that quality is a top priority, VBA is requiring feedback and accountability for corrective actions by the regional offices. Certification of the corrective action is required for every error

documented on national accuracy reviews. VBA headquarters reviews the corrective action reports to determine adequacy of the corrective actions. In addition, reliability of the reports will be monitored during periodic site visits. Beginning in 2004, formal quality improvement plans will be required of all regional offices with an accuracy rate below 80 percent.

Training remains a VBA priority. Various mediums are used for centralized training including satellite

broadcasts, training letters, and computer-assisted training. Local training is based on needs identified through ongoing individual performance reviews.

VBA has implemented a national individual performance review plan with standardized review categories, sample size, and performance standards. In addition, VBA developed a supplemental review to monitor the quality of written communication for clarity and conciseness (as opposed to technical accuracy measured as part of the standard Statistical Technical Accuracy Reviews). Reviews will be initiated in the beginning of 2004.

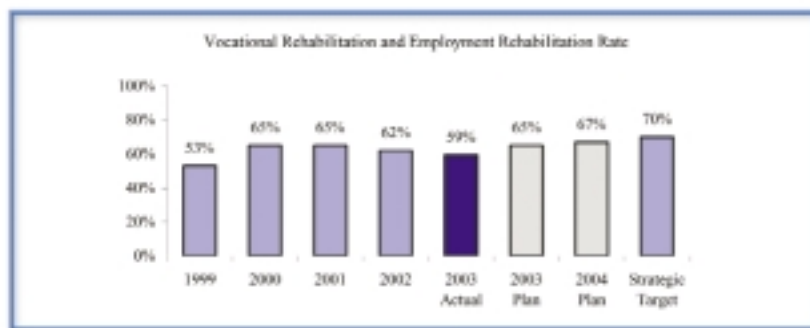
In 2004, as we progress in our budget account restructuring efforts and align with our revised strategic plan, we will begin reporting this data for each program – Compensation and Pension – separately.

## Objective 1.3

*Provide all service-disabled veterans with the opportunity to become employable and obtain and maintain suitable employment, while providing special support to veterans with serious employment handicaps.*

## Performance Goal

*At least 65 percent of all veteran participants who exit the vocational rehabilitation program will be rehabilitated.*



Vocational Rehabilitation and Employment (VR&E) did not meet its goal of a 65 percent rehabilitation rate for service-disabled veterans who exited a vocational rehabilitation program and acquired and maintained suitable employment but achieved 59 percent. Fewer employment opportunities coupled with a greater number of veterans who chose to leave the program before completion had a negative effect on achieving our targeted rehabilitation rate.

VR&E will continue to focus on training with an emphasis on the Employment Specialist position as a means of improving the rehabilitation rate. This emphasis will build on the initiatives of 2003. For example, several Employment Specialists completed an accredited program through the George Washington University. In addition, VR&E conducted a national training conference for all Employment Specialists, focusing on how they can network

with the local business community to help veterans secure suitable employment.

VR&E will analyze the reasons veterans drop out of training programs before they are rehabilitated. The goal is to identify preventative actions that could be taken to avoid attrition.

VR&E is in the final year of our access initiative. Through this initiative, VR&E increased the number of staff members located outside of the regional office so that service is more accessible to veterans across the country. VR&E also initiated a longitudinal study to examine the Chapter 31 program for veterans with service-connected disabilities. This study will look at the characteristics of the individual, the region of the country in which the veteran resides, and the strength of the economy at the time of service.

VA has partnered with the Department of Labor to provide

information on training via the DOL Career One-Stop Training and Education Center. This resource helps VR&E staff to locate information on available training and ways to fund training.

VA and DoD have collaborated on an online, Internet application that helps identify the skills, duties, job description, physical requirements, and training requirements of military occupational specialties and their related civilian occupations. This application was developed especially for Chapter 31 Vocational Rehabilitation evaluations.



## Objective 1.4

*Improve the standard of living and income status of eligible survivors of service-disabled veterans through compensation, education, and insurance benefits.*

VA's compensation program provides monthly payments to the surviving spouses, dependent children, and dependent parents in recognition of the economic loss caused by a veteran's death during military service or, subsequent to discharge from military service, as a result of a service-connected disability. These payments assisted in improving the economic status of more than 300,000 surviving spouses and family members during 2003. The average annual benefit payment was about \$12,500.

The Department also provides education benefits to children and spouses of veterans who died of a service-connected disability or whose service-connected disability is rated permanent and total. These education benefits place the family members in a better position to find suitable employment and ultimately improve their economic standing.

VA furnished education and training benefits to over 54,350 dependents for the 9 month period ending June 30, 2003, with an average annual benefit of over \$4,100.

VA's insurance program offers life insurance benefits to veterans and servicemembers who may not be able to obtain commercial insurance due to lost or impaired insurability resulting from military service. The Department paid approximately \$1.7 billion in death claims during 2003, thus easing the economic impact on survivors of servicemembers and veterans.

There are currently no key performance measures associated with this objective.